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Applicant(s): David M. Vande Berg

Matter No.

409549

Serial No.	Filing Date	Examiner	Group Art Unit
09/911,993	July 24, 2001	Uyen-Chau N. Le	2876

Invention      Appartus And Method For Mounting An RF Tag On A Comveyor Trolley

I hereby certify that the following: Transmittal Form (1 page); Notice of Appeal From The Examiner To The Board Of Patent Appeals And Interferences (1 page in duplicate); Appeal Brief (18 pages); Fee Transmittal For FY 2006 (1 page in duplicate); authorization to charge \$500.00 (\$250 for the filing the Notice of Appeal and \$250 for filing the Appeal Brief); authorization to charge additional fees that may be required, or credit any overpayment, to Deposit Account No. 12-0600; and return post card are being mailed in an envelope addressed to: Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 11th day of April, 2006.

Melissa Smith

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/911,993
	Filing Date	July 24, 2001
	First Named Inventor	David M. Vande Berg
	Art Unit	2876
	Examiner Name	Uyen-Chau N. Le
Total Number of Pages in This Submission	Attorney Docket Number	409549

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) ____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing Return Post Card
<b>Remarks</b>		

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Typed or printed name	Melissa Smith	Date	April 11, 2006

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